

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028294

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 11 Primary Registration District No. 5039 Registrar's No. 57

FILED AUG 23 1961

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY BARRY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BUTTERFIELD TWP.	Length of stay in lb 3 yrs	a. STATE MO.	b. COUNTY BARRY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South of Purdy			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN PURDY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. STREET ADDRESS RRD #2			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
GEORGE	BASIL	NYE	8	12	61	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/31/92	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK	10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (City and state or country) Bushneel, Ill.	12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Nye		13b. MOTHER'S MAIDEN NAME Unkown		14. NAME OF HUSBAND OR WIFE Lela Nye		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I			17. INFORMANT Address Mrs. Lela Nye, Purdy, Rt. 2, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute Circulatory Failure					30 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Due to Arterial Sclerotic Heart Disease					indef	
DUE TO (c) Due to Diabetes Mellitis					indef	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY	Hour	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>	NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from Aug 1, 1956 to Aug 12, 1961 and last saw him alive on Aug 12, 1961	Death occurred at (9:00) A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Ermit Howell Esq. D.O.</i>			22b. ADDRESS Purdy, Mo.		22c. DATE SIGNED 8/15/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/14/61	23c. NAME OF CEMETERY OR CREMATORY Clio Cemetery	23d. LOCATION (City, town, or county) Barry Co.	23e. STATE Mo.		
24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 8-16-1961	26. REGISTRAR'S SIGNATURE <i>Grace Williams</i>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 24 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dr. E. Williams

Licensed Embalmer No. 4883

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.